

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NULL MAGNETIC FIELD SIMULATOR FOR TREATMENT OF MEDICAL CONDITIONS

the specification of which: is attached hereto.

() was filed on _____ as
App. Serial No. _____ and
Amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56 (s), which states:

A duty of candor and good faith toward the Patent and Trademark Office rests on the inventor, on each attorney or agent who prepares or prosecutes the application and on every other individual who is substantively involved in the preparation or prosecution of the application and who is associated with the inventor, with the assignee or with anyone to whom there is an obligation to assign the application. All such individuals have a duty to disclose to the Office information they are aware of which is material to the examination of the application. Such information is material when there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent. The duty is commensurate with the degree of involvement in the preparation or prosecution of the application.

I do not know and do not believe the invention was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application and that the same was not in public use or on sale in the United States of America more than one year prior to this application.

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DECLARATION AND POWER OF ATTORNEY
Power: NULL MAGNETIC FIELD
SIMULATOR FOR TREATMENT
OF MEDICAL CONDITIONS
Inventor: Aaron Bush
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I hereby appoint the following attorney to prosecute this application; and to transact all business in the Patent and Trademark Office connected therewith: JoAnne M. Denison, Reg. No. 34,150, whose address is 212 W. Washington, Suite 1608, Chicago, IL 60606, and whose telephone number is 1-312-553-1300.

Please address all correspondence to:

JoAnne M. Denison
Denison & Assocs, PC
212 W. Washington St., Suite 1608
Chicago, IL 60606

And all telephone calls to

JoAnne M. Denison
312-553-1300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole Inventor Aaron Bush	Full Name of Second or Joint Inventor
Signature <u>JoAnne M. Denison</u>	Signature _____
Date: <u>7/11/04</u> , 2004	Date: _____, 2004
Citizenship: USA	Citizenship: USA
Residence: USA	Residence: USA
City: Dundee	City: _____
State: IL	State: _____
Post Office Address: All Care Medical Center P. O. Box 329 Dundee, IL 60118	Post Office Address: _____

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VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(a) AND 1.27(b) - INDEPENDENT INVENTOR

With respect to the invention described in the specification filed herewith for
NULL MAGNETIC FIELD SIMULATOR FOR TREATMENT OF MEDICAL CONDITIONS

I. IDENTIFICATION OF DECLARANT AND CLAIM OF RIGHTS AS AN INDEPENDENT INVENTOR.

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for the purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office.

II. OWNERSHIP OF INVENTION BY DECLARANT.

I hereby declare that all rights under contract or law remain with me.

III. ACKNOWLEDGMENT OF DUTY TO NOTIFY PTO OF STATUS CHANGE.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time after the date on which status as a small entity is no longer appropriate in accordance with 37 CFR 1.28(b).

IV. DECLARATION.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 or Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or patent to which this Verified Statement is directed.

V. SIGNATURE(S)

Name of Inventor(s): Aaron Bush

Signature: Aaron Bush

Date: 1/20 2004

Signature:

Date: 1/20 2004

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